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Cynancha Trachialis

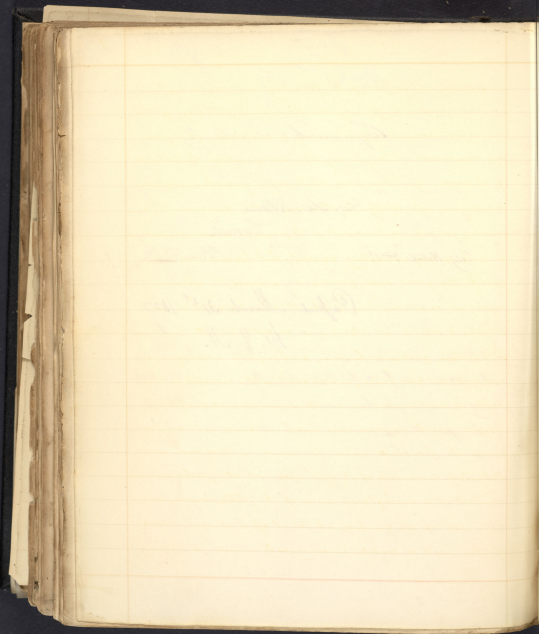
E. M. Blaine

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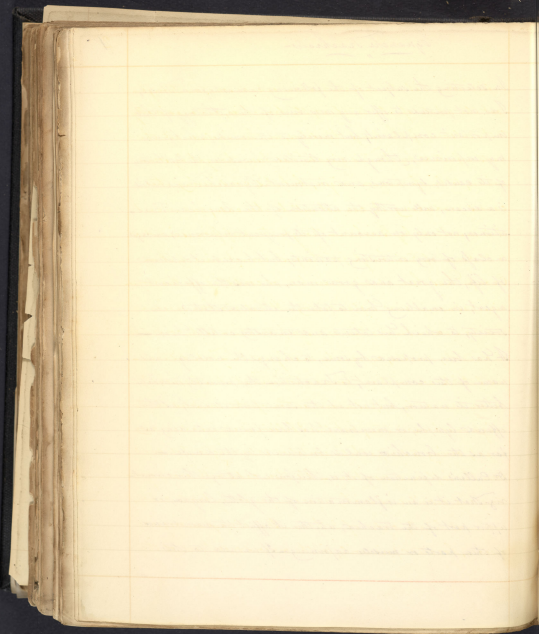
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W. E. H.



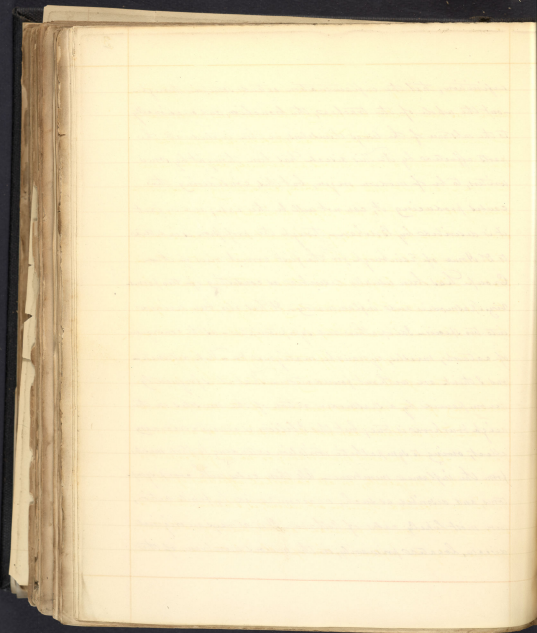
Cyanothe Tracheitis

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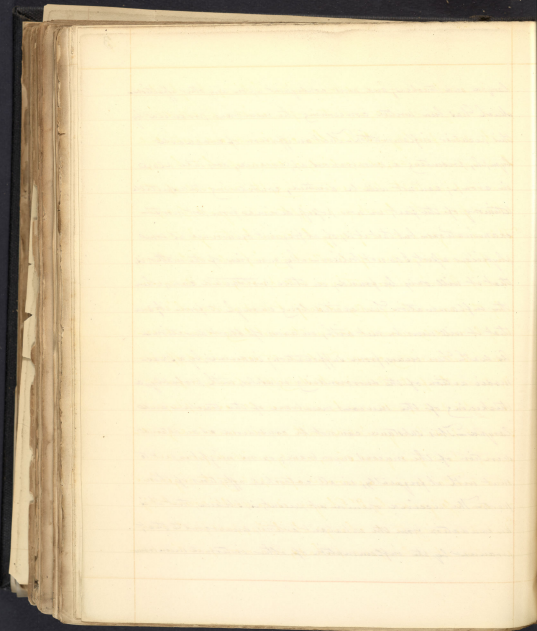
In selecting the subject of the following remarks, for a Thesis, I do not profess to offer any new view of the pathology of this important complaint, but merely to epitomize, what from my experience, (though very limited), I consider the best history of its causes, symptoms, and treatment. Cyanothe Tracheitis is a disease, well worthy the attention of the American Practitioner, not only on account of its frequent occurrence, among a class of very interesting patients, but because it deprives of life, the great and good man, who was the efficient agent, in enabling him to take the elevated station in society, to which his talents and industry entitled him — It has been proposed by some, to change the nomenclature name of this complaint to Tracheitis — this probably indicates better its nature, but not at the same time its seat, as the effused lymph, or membrane has been found extending as far as the bronchiae could be traced by the knife — Dr. Cullen's definition of it is, therefore not altogether correct viz. that it is an inflammation of the glottis, larynx, or upper part of the trachea, whether it affect the membrane of these parts or muscles adjoining — If we add to this



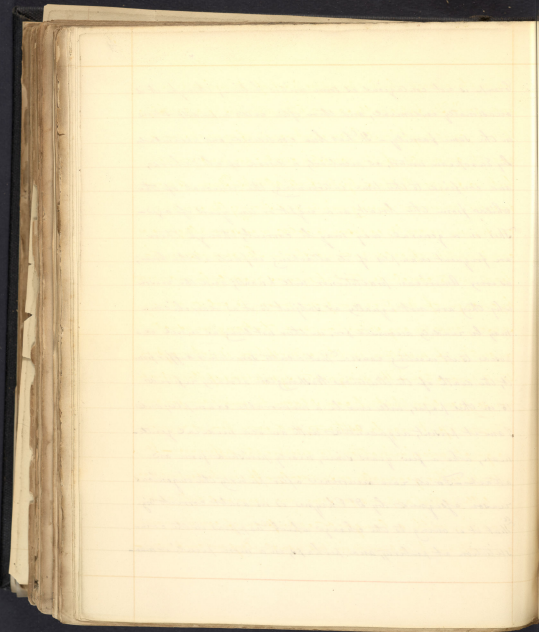
opinion, that the inflammation extends sometimes through-
 out the whole of the trachea, the bronchiae, and occasionally
 to the substance of the lungs themselves, we then include all the
 parts affected by it. This disease has been thought by some
 writers, to be of modern origin, but this, considering the
 causes producing it, can not well be the case; and in fact
 it is described by Boerhaave though the proposition is ascribed
 to Dr. Home of Edinburgh for the first correct view of it.
 Croup has been usually described as consisting of two forms
 viz. spasmodic and inflammatory. It has also been divided
 into two species - Idiopathic and symptomatic - as the consequence
 of catarrh, measles, croup, or malignant fever. These distinctions
 and I think are without foundation. That it is frequently
 accompanied by a spasmodic action of the muscles in the
 neighborhood is true, but this I believe is always a secondary
 effect, owing to sympathetic irritation extending to those muscles
 from the inflamed membrane. All those cases with croupy sym-
 ptoms, and described as such, unaccompanied by febrile action,
 were most likely cases of Asthma. It is always an original
 disease, located primarily, in the mucous membrane of the



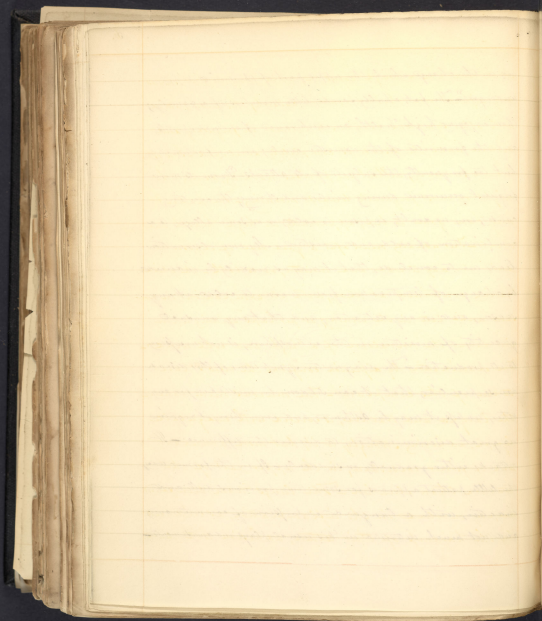
Larynx and Trachea; and never analogous upon any other affection—
 Much has been written concerning the membrane produced by
 this peculiar inflammation—That an effusion of coagulable
 lymph, presenting a membranous appearance, does take place
 in croup; can not well be doubted, considering the respectable
 testimony of the fact in now properly derived from post mortem
 examinations—but that it is, of as frequent occurrence as some
 physicians assert, I do not believe—My own view of the matter, is,
 that it will only be found, in those protracted cases, when
 the inflammation has existed long enough to form it—and
 that it will never be met with, in cases of short duration—
 As death then occurs, from suffocation; induced, by a spas-
 modic action of the surrounding muscles, with probably, a
 thickening of the mucous membrane of the trachea and
 larynx—This substance can not be considered as an altera-
 tion of the mucous membrane; or we might expect to
 meet with it frequently, in all catarrhal affections of these
 parts—The received opinion at present, is, I believe, that it is
 an exudation from the exhalant arteries, analogous to that
 produced by the inflammation of other internal membranes



Group is not contagious as some writers believe; though it is
 occasionally endemic, and there often exists a predisposition
 in the same family - It has been considered, and particularly
 by European writers, as peculiarly a disease of childhood,
 and confined to the time intervening, the removal of the
 teats from the breast, and eight or ten years of age -
 This in a general way may be correct, though there
 are frequent examples of its attacking infants at the breast;
 as every American practitioner will know; and the reason
 why they are not equally as subject to it as older children
 may be readily accounted for, in their not being as much ex-
 posed to its exciting causes - That adults sometimes suffer from
 it, the death of the illustrious Washington already referred
 to in this paper, will ever be a memorable example; and
 I am at present acquainted with an old medical gentle-
 man, who a few years since, nearly perished from an
 attack - For its rare occurrence after puberty the ingenious
 reason assigned by Dr. Cuvier is no doubt correct viz.
 That it is owing to the change which happens in the con-
 stitution at puberty, and perhaps, in a more peculiar man-

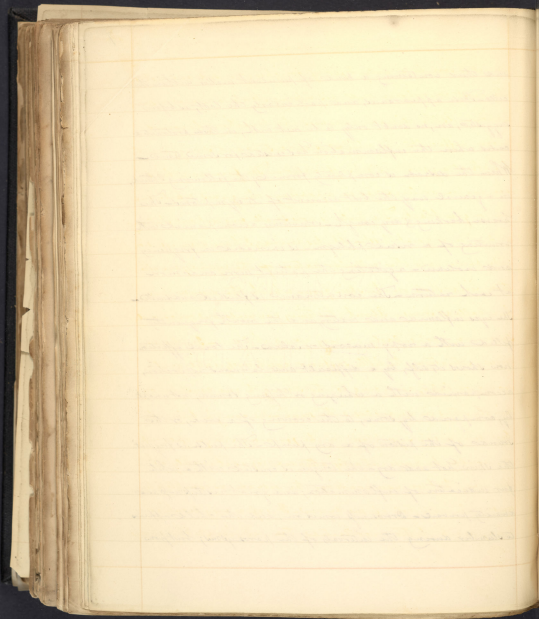


ner, in the change which the upper part of the wind pipe undergoes." The fat, chubby, fair-skinned, little members of a family; those enjoying high health, an exuberance of animal spirits, and the favourites of the domestic circle; are unfortunately but too frequently, the subjects of its attacks. From its more frequent occurrence during winter and spring, the exciting causes, are, no doubt, exposure to cold, or to some allgier, to a combination of cold and moisture. My own observation leads me to conclude, that it may as readily be induced by change of temperature from warm to cold, at any season, and in any situation, and that any unusual quantity of moisture in the atmosphere, is not necessary to its production. The diagnostic symptoms of this disease are so peculiar, that it can seldom be mistaken for any other, unless it may be asthma, and even then, it requires no great discrimination, to discover the difference. It attacks either gradually or suddenly. If in the former way, the little patient appears for some time previous, dull and inactive, with a languid expression of countenance, and not much interested in his usual plays and amusements.

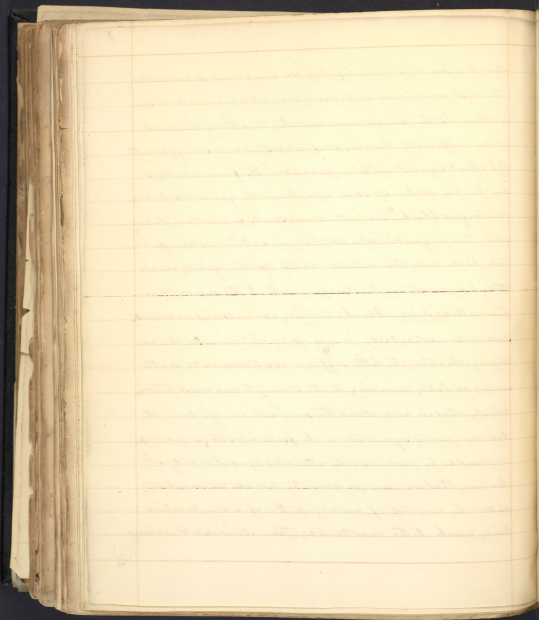


At the same time a cough comes on, which from the first stands very different from that of common catarrh; this accompanied with other symptoms continues to increase in frequency and violence until the disease is completely developed. It is often induced suddenly, without any previous warning, during the night or most frequently towards morning. The patient may have gone to bed, apparently in high health and spirits. This usually occurs after a good deal of exposure during the day to cold and moisture, or to both. The child having continued at play, with its companions in snow until late in the evening; or perhaps sliding upon ice during the prevalence of a high and cold wind. The examinations by dissection confirm the view I have taken of this complaint. The mucous membrane of the larynx and trachea, is covered with coagulable lymph, adhering strongly to it, but more abundant, and of firmer consistence, in the upper part of the trachea than elsewhere. The lungs have been found empty, involved in the inflammation, as evidenced by the hardness of their texture, ashesion to the pleura,

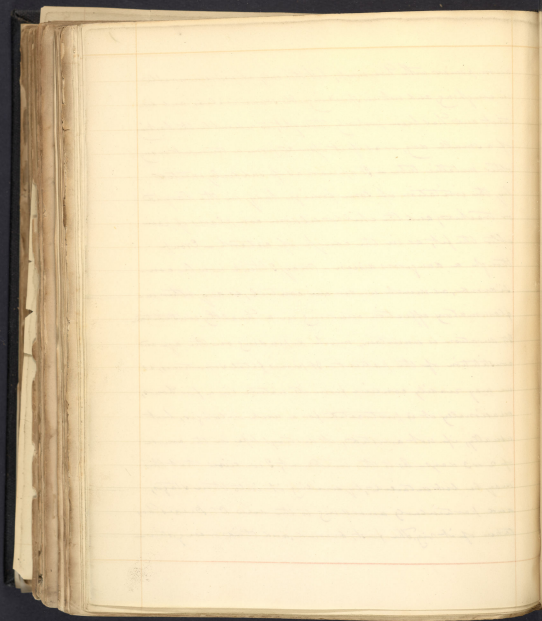
and thus containing a kind of purulent matter within their
 cells—These appearances, and particularly the last, as before
 suggested, are, no doubt only to be met with, in those protracted
 cases where the inflammation had existed for some time—
 When the diphtheria is completely formed, the following I think,
 in a general way, the best account of its symptoms—The
 hoarseness, barking & dry cough—sometimes accompanied with
 vomiting of a viscid phlegm—is increased in frequency
 and violence—agitating the patient more and more
 at each return—The countenance is flushed and sunken—
 The eyes inflamed and watery, and the mouth frequently
 filled with aropy mucous or salivary—The local affection
 now shows itself, by a difficult and laborious respiration,
 accompanied with a wheezing or hissing sound; not unapt-
 ly, compared by some, to the crowing of a cock, or the
 sound of the piston of a dry pump—The pulse is frequent
 the skin hot and dry—the tongue is coated with a white
 fur indication of inflammation; and great restlessness and
 anxiety prevail—Drowsiness comes on, and the child appears
 to slumber during the intervals of the paroxysms; but from



this, it is soon by a violent fit of coughing rendered and makes
 the most convulsive and distressing efforts to renew respi-
 ration. As the disease advances the breathing becomes
 more difficult the child is exhausted and struggles with
 little effect against instant suffocation. The face and lips
 are purple or livid as in apoplexy - the gums white and
 the tongue black. The pulse is now small, frequent and fluttering,
 and there is great thirst. At this period, I have seen effusion
 take place into the cellular texture of the eyelids, and also
 those livid spots on the skin from which the disease has
 been called livis. About this time, convulsions occasionally
 supervene, particularly in very young children. In this dis-
 tressing situation, the little sufferer continues, until death
 sooner or later, according to the strength and constitution,
 kindly steps in and closes the scene. The cough being the
 best diagnostic symptom in the forming stage of croup,
 it should be particularly attended to, as it is only at
 this time, that we can consider the disease as completely
 under the control of medicine. It is of a very peculiar
 kind, much better recollected, than described. It is always

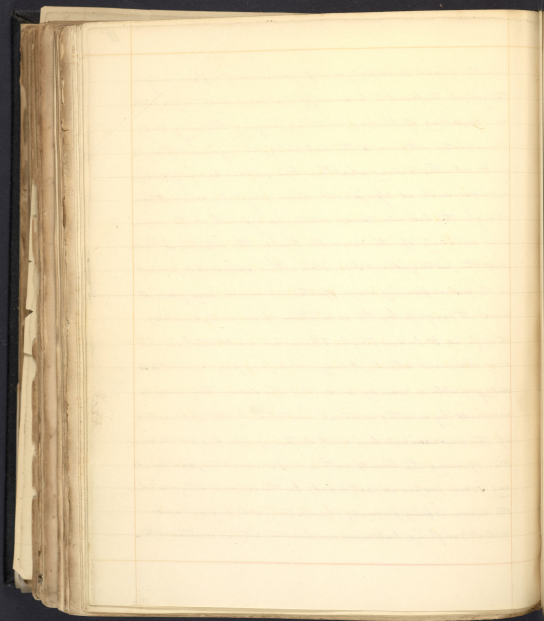


accompaniment with hoarseness; but this only at first discernable
 in coughing, and not in speaking - Its sound is clear and dis-
 tinct, and has been properly thought, to resemble the barking
 of a small dog, or as if it issued from a trumpet or any
 other metallic tube - It appears as if suddenly excited
 by the irritation of some foreign body, in the larynx
 or trachea, and the child seldom complains of pain
 after the fit, as in the cough of catarrh - Croup
 though a dangerous disease - may, I think now be con-
 sidered, as much under our control, as any other in-
 flammatory affection occurring in a healthy constitution.
 Its duration is uncertain, much depending on the age and
 constitution of the patient - It proves fatal sometimes, as
 we may readily conceive from its nature in a few hours,
 occasionally it is protracted for a week or longer, but
 usually, if not arrested, it destroys life in the course
 of 2 or 3 days - As to the treatment, I conceive that this
 may be best detailed, by dividing it into three stages,
 and particularly according to the views Dr. Brown has
 taken of it viz, The first, second, and third or congestive -

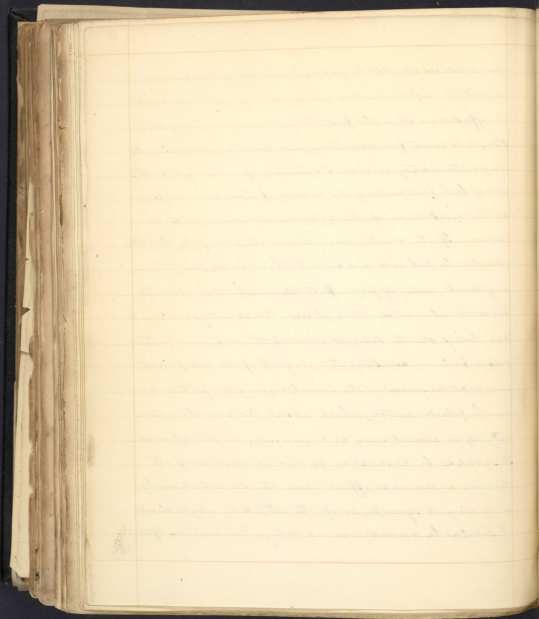


As the disease is certainly one of genuine acute inflammation, the general treatment to be successful, should be actively depletion - consisting of bleeding, vomiting, purging, blistering, and the strictest attention to the antiphlogistic regimen throughout - notwithstanding what has been said in favour of specific remedies - such as *Opopanax*, *Opium*, *digitalis*, *calomel* &c. - though the last mentioned article, brings with it the imposing authority of the venerable Keek, the illustrious Rush, and the distinguished Hamilton - When called to a patient in the first or forming stage of this disease we may generally arrest its progress by the exhibition of an active emetic; though as Dr. Brown teaches, I have no doubt that in the very incipient attack, it may not be necessary to resort to so disagreeable a remedy, and that the symptoms may be removed by exciting internal irritation, by the application of the anastomical liniment, *Sp. Turpentina* &c. - at the same time opening the bowels with a mild purgative, and directing some proper expectorant - In the second stage, or when the disease is fully formed, characterized by frequent and violent coughing, laborious respiration, arterial excitement &c. -

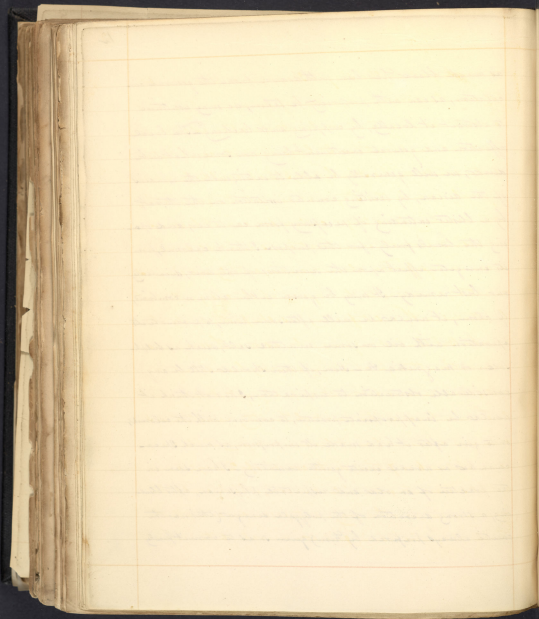
Emetic



our measures should be prompt and energetic, in order to prevent the inflammation running so high, as to terminate in effusion - Here the first thing to be done is my stimulation, is to excite free vomiting; and for this purpose, I would prefer the watery or vinous solution of tartarized antimony, but particularly the former, if there be much fever, as the mucus of the antimonial wine would do harm - If the emetic does not operate promptly, the child should be put into a warm bath, at a temperature as a general rule, of from 90. to 100, and kept in it until evident relaxation takes place - this equalizes excitement and brings on the desired effect of the medicine - If these means fail in arresting the progress of the complaint, our next resource is the leech, especially if there be much febrile action, which about this time there usually is, in almost every case occurring in this climate - It should be pushed until there is evidence of its having a decided effect upon the circulation, by a tendency to syncope, or if the attack be very violent, it should be carried even ad deliquium animi - After

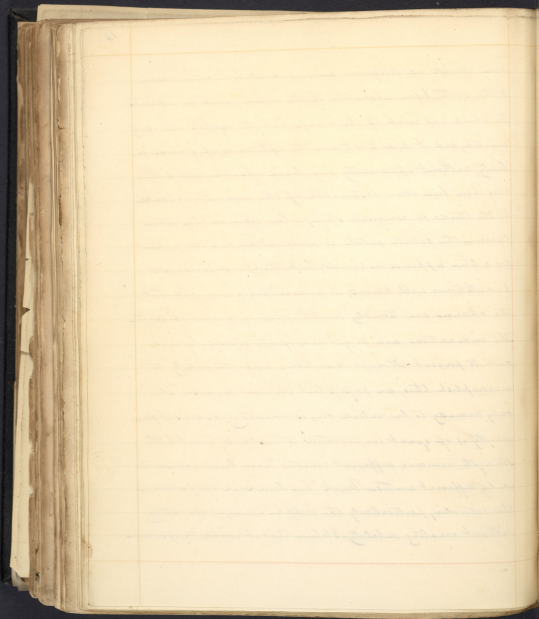


as much blood had been withdrawn from the general circulation, as can with propriety be taken, we may continue to abstract it locally, by cupping and leeching. The local affection and general excitement being now somewhat subdued, we will generally be able to extirpate the remains of the disease, by exciting counter irritation on the throat by a blister extending if necessary from ear to ear, and opening the bowels freely - for this purpose I think calomel, from its energetic effect upon the secretions of the liver, decidedly our best remedy - It may be given either alone or combined, if alone, it would be well after some time, to promote its operation with oil or some neutral salt, such as sulphate - or magnesia &c. - Now, if there should still be any considerable obstruction to respiration, I do not think it would be inappropriate practice, to combine with the calomel, or to give after it had made its impression, as much Ipecacuanha as would excite gentle vomiting - I have seen in the practice of an old and respectable physician, after bleeding, a strong decoction of the polygala senega (this was the emetic always prepared by him) given so as to vomit freely



so much good in this stage. It appears to exert a control over the disease, independent of mere vomiting - this is doubtless owing to its combined operation as an expectorant and anaphrodisiac - Dr Cox's valuable combination of this article in his Air Syrup, I think could be advantageously used in this stage - at almost this preparation, after vomiting is no longer called for, and it becomes our wish to promote expectoration, is decidedly superior to any we possess - The above remedies, actively and carefully repeated, according to the urgency of the case, will usually be attended with a satisfactory result - particularly the latter - But the last requires to be used with sound discrimination - though children usually bear depletion well, and recover from it rapidly, yet it may readily be carried beyond the point of healthy reaction - I once saw a case, when it became necessary to bleed a very young child, 6 or 7 times, in the course of 2 days, to prevent instant suffocation from violent spasms, which could be overcome in no other way - antispasmodics and all the usual remedies having failed - removal of the evacuation

now carries ad deliquium animi, and each to an approach to this state, before relaxation of the muscles could be induced. The child was cured of the cramp; but the system never fully reacted, and it died 4 or 5 months afterwards, of general debility, without apparently any local affection, unless there may have been some obstruction of the medullary glands in the third or congestive stage, when effusion had taken place - the febrile action is moderated, and the patient for a time appears revived, but this, the experienced practitioner will know, is a deceitful calm, and that the chances are terribly multiplied in favour of death. The indications are to get rid of the effused lymph and to prevent its reproduction - unfortunately to accomplish this, we possess but slender means - The only remedy to be relied on, is vomiting, and as it frequently is of great importance to husband, what little strength remains, different emetics have been recommended by different writers - Much has been said in favour of the ipecacuanha, particularly the sulph. ipecacuanha, as operating without creating debility - I believe that it would be of service -



But it is here, as an emetic, as well as in extinguishing in the second stage the remains of the disease by its expectorant virtues, that seneka displays its unrivaled powers - A strong decoction of it should be given, and if necessary, as much laudanum, as will prevent its operation on the bowels - On this stage it often becomes necessary to support the strength of the little patient, this is to be done in the usual way, by allowing a more nutritious diet, consisting of the farinaceous articles, such as sago, tapioca, arrow root, and even sometimes weak wine whey - As a last resource, tracheotomy has been performed, but the little success attending it therefore, does not warrant us in placing much confidence in it -

